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SUBJECT: USG HUMANITARIAN ASSISTANCE TEAM: HEALTH AND NUTRITION
UPDATE

SUMMARY

¶1. Summary: Between December 20 and 26, the U.S. Government (USG) Humanitarian Assistance Team (HAT) in Ethiopia health and nutrition specialist met with representatives from the U.N., the Government of the Federal Democratic Republic of Ethiopia (GFDRE), and non-governmental organizations (NGOs) in Addis Ababa to discuss health and nutrition conditions in Somali Region. The current crisis in Somali Region is taking place against the backdrop of chronically high levels of acute malnutrition and food insecurity. The lack of information and comprehensive and reliable health and nutrition data for the region in 2007 complicates efforts to determine the severity and magnitude of reports of deteriorating humanitarian conditions. However, evidence of reduced access and delivery of essential health services, low measles vaccination coverage rates, and reports of acute watery diarrhea, particularly in the conflict-affected zones, are of significant concern. In the coming weeks, the USG HAT will continue to conduct field visits in Somali Region to assess and verify information collected from interviews in Addis Ababa and inform appropriate response efforts. End summary.

BACKGROUND

¶2. Cyclical droughts, exacerbated by a rapidly growing population, endemic poverty, and limited government capacity have resulted in chronically high levels of acute malnutrition, food insecurity, and water shortages across Ethiopia, particularly in Somali Region. In 2000 and 2005, the Ministry of Health (MOH) national Ethiopia Demographic and Health Survey indicated global acute malnutrition (GAM) rates above the emergency threshold of 15 percent in Somali Region, at 15.8 percent and 23.7 percent, respectively.

¶3. According to humanitarian agencies operating in Somali Region, military operations by the Ethiopian National Defense Forces (ENDF), as well as insurgent operations by the Ogaden National Liberation Front (ONLF), have disrupted trade networks, caused delays in food assistance, and restricted the movement of people and livestock in Somali Region, leading to increased food insecurity for vulnerable populations and reports of deteriorating humanitarian conditions. The November 24 to December 14 GFDRE Disaster Prevention and Preparedness Agency (DPPA) Deyr/Karan Assessment identified more than 1.6 million people facing survival and livelihood protection deficits, including an estimated 730,000 people in need of immediate food assistance in Somali Region. However, the availability of comprehensive and reliable health and nutrition for Somali Region is extremely limited.

NUTRITION

¶4. The availability of nutrition data for Somali Region in 2007, particularly in the conflict-affected areas of the five zones under military operations, is extremely limited and controversial. The

October Save the Children/U.K. (SC/UK) survey in Fik and Hamero districts, Fik Zone, and the DPPA-led joint DPPA/U.N. rapid assessment in Fik and Korahe zones conducted from November 29 to December 4 represent the only nutrition studies conducted in conflict-affected areas in 2007. However, there is consensus that nutrition indicators will decline in Somali Region with the onset of the jilal dry season from January to April, typically associated with increased malnutrition and exacerbated by the poor performance of the 2007 gu and deyr rains.

¶5. The SC/UK nutrition survey indicated GAM rates of 20.8 percent, exceeding the emergency threshold of 15 percent. The DPPA has challenged the validity of the results and raised concerns that the report was not appropriately approved by GDFRE agencies before being released. The DPPA expressed concerns regarding the selection of samples areas and the accuracy of GAM and SAM rates as malnutrition indicators in the Somali Region due to variability in body shape, suggesting that measures of upper arm circumference (MUAC) were more appropriate. However, the DPPA also acknowledged that the SC/UK reported malnutrition rates are not unusual for the Somali Region due to chronically high levels of acute malnutrition. SC/UK denies that it failed to follow outlined procedures. In addition, review of the report by the USG HAT health and nutrition specialist indicates that SC/UK used standard methodologies typically employed in Ethiopia. However, DPPA's concerns regarding how areas were selected cannot be assessed.

¶6. In response to the October SC/UK survey, the DPPA led a joint DPPA/U.N. rapid assessment in Fik and Korahe zones in coordination with the U.N. Children's Fund (UNICEF), the U.N. World Health Organization (WHO), and the U.N. Office for the Coordination of Humanitarian Affairs (OCHA). Preliminary results for Fik Zone conflict with the SC/UK report, finding no evidence of a nutrition emergency. As a result, DPPA has rejected a planned SC/UK nutrition program in the area and unofficially stated that no immediate interventions are required beyond recommendations outlined in the DPPA Deyr/Karan Assessment. However, the USG HAT health and nutrition specialist notes that a rapid assessment is not an appropriate tool to discredit or confirm the results of a nutrition study.

¶7. UNICEF has raised serious concerns regarding the objectivity, methodology, and implementation of the rapid assessment. UNICEF

highlighted that the assessment included only 30 percent of agreed upon sample areas and that the GFDRE did not permit U.N. staff to accompany the DPPA to rural areas in Korahe Zone. In addition, the assessment did not include the standardized assessment focus group component in Fik Zone. As a result, the assessment did not adhere to agreed upon parameters, employ standardized methodologies, or reflect a truly joint assessment, significantly undermining the validity of the results. The U.N. is holding internal meetings to determine how best to address these concerns and has not yet publicly commented on the assessment results.

MEASLES

¶8. In the context of existing levels of critical malnutrition,

evidence of a low coverage rate for measles vaccinations in the conflict-affected areas of Somali Region has raised significant concerns regarding a potential measles outbreak and its impact on vulnerable populations.

¶9. In Ethiopia, mechanisms for measles vaccination delivery include annualized routine immunization through health facilities, the bi-annual national measles campaign, and the national Enhanced Outreach Strategy (EOS), which provides high impact child survival interventions, including nutrition screening, vitamin A supplementation, de-worming, as well as measles vaccinations. In addition, targeted localized NGO programs operate in some areas. In Somali Region, the MOH reported an annualized routine immunization rate of 14.7 percent in 2006, with lower rates reported in the conflict-affected zones, including 0 percent in Korahe, 4.7 percent in Fik, 4.4 percent in Gode, 3.9 percent in Degehabur, and 0 percent in Warder. There is limited data available on measles coverage in Somali Region for 2007. However, the October SC/UK nutrition survey reported measles coverage of 14.7 percent in Fik and Hamero districts in Fik Zone. According to UNICEF and NGOs operating in the region, no EOS intervention or measles campaigns occurred in 2007 in Somali Region. The low annualized coverage rates combined with the absence of a national campaign and EOS interventions in the region in 2007 suggest significantly low measles vaccination coverage. (Note: The next national campaign is scheduled for 2008. End note.)

¶10. To date in 2007, there have been no reports of a measles outbreak in Somali Region, although sporadic cases have been reported. In August 2007, Medecins Sans Frontieres/Belgium reported treating two cases of measles in Cherti District, Afder Zone.

ACUTE WATERY DIARRHEA

¶11. Although restricted access has limited the available data on acute watery diarrhea (AWD) in Somali Region, humanitarian agencies have reported unconfirmed cases of AWD in Fik and Degehabur zones. The DPPA Deyr/Karan assessment noted the presence of AWD in Degehamedo District, Degehabur Zone, and Segeg and Fik districts, Fik Zone. Since November, community level reports indicate that AWD is spreading into rural areas. However, exact numbers of AWD cases are unavailable as a result of the inability of the Regional Health Bureau to access affected areas. WHO also reported a suspected AWD outbreak in Degehamedo District beginning December 1. In addition, the SC/UK October nutrition survey identified AWD as the leading cause of mortality in Fik and Hamaedo districts, Fik Zone.

REDUCED HEALTH ACCESS AND DELIVERY

¶12. Despite reports of improved NGO access in some areas, ongoing military operations in Somali Region continue to significantly disrupt the delivery of essential health services, restrict humanitarian access, and delay emergency response efforts. Insecurity and reduced access have negatively affected existing health infrastructure and capacity. Across the conflict-affected

areas, humanitarian agencies report a decrease in the number of

functioning health facilities as a result of a reduction in staff associated with displacement from the conflict.

¶13. Emergency response efforts have been similarly hindered. The deployment of USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA)-funded UNICEF mobile health, nutrition, water, sanitation, and hygiene teams continues to be delayed in Somali Region. Out of a total of 15 teams, only 5 teams had received military clearance to operate outside of conflict-affected areas in Gode Zone as of December 27, according to UNICEF.

¶14. In addition, UNICEF reports that 17 districts in the conflict-affected zones of Somali Region targeted to receive EOS services in 2007 have not yet received military clearance to begin operations. In 2006, EOS interventions served 21 districts within the five zones under military operations.

¶15. In response to UNICEF's inability to provide health services to populations in the conflict-affected areas of Somali Region through traditional EOS and emergency mobile teams due to military restrictions, UNICEF, in coordination with the Regional Health Bureau, initiated a medical health facility restocking program to improve the availability of medical supplies in affected areas. Since September, UNICEF has been able to deliver supplies to ten main targeted health facilities. However, only 14 out of 41 satellite health facilities had received supplies as of December ¶20.

COMMENTS AND CONLCUSION

¶16. To address concerns surrounding the limited availability of health and nutrition data, low measles vaccination coverage rates, and reports of AWD, particularly in the conflict-affected zones, increased health and nutrition interventions and targeted surveys of areas of concern are recommended. Particularly given jilal concerns of worsening malnutrition rates, the distribution of food assistance and treatment interventions for underlying causes of malnutrition, including diarrheal diseases such as AWD, and improved measles vaccination coverage is critical. In FY 2007 and to date in FY 2008, USAID has provided affected populations in Somali Region with nearly $39.5 million in emergency nutrition, health, agriculture, food security, logistics, food assistance and humanitarian coordination interventions. In the coming weeks, the USG HAT will continue to conduct field visits in Somali Region to assess the humanitarian situation and verify information collected from U.N., NGO and government partners in Addis Ababa. End comment.

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